

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HOUSE CONSERVATIVES FUND

ADDRESS (number and street)

P.O. Box 2752

☐Check if different
than previously
reported. (ACC)

Washington

DC

20013

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00326439

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Pamela Sederholm

Signature of Treasurer

Electronically Filed by Pamela Sederholm

Date

03

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HOUSE CONSERVATIVES FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		45838.26
(b) Cash on Hand at Beginning of Reporting Period	18449.50	
(c) Total Receipts (from Line 19)	15562.00	30172.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34011.50	76010.26
7. Total Disbursements (from Line 31)	30498.63	72497.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3512.87	3512.87
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HOUSE CONSERVATIVES FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	800.00	1800.00
(i) Itemized (use Schedule A)	1762.00	4872.00
(ii) Unitemized	2562.00	6672.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	13000.00	23500.00
(c) Other Political Committees (such as PACs)	15562.00	30172.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15562.00	30172.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15562.00	30172.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	30498.63	72497.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	30498.63	72497.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30498.63	72497.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30498.63	72497.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15562.00	30172.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15562.00	30172.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30498.63	72497.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30498.63	72497.39

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HOUSE CONSERVATIVES FUND

A.

Full Name (Last, First, Middle Initial)

Mr Ranald T Adams

Mailing Address 1002 Emerald Dr

City

Alexandria

State

VA

Zip Code

22308-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.4488

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr Stephan Brady

Mailing Address 10206 Oakton Terrace Rd

City

Oakton

State

VA

Zip Code

22124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept. of Navy

Occupation
Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4431

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HOUSE CONSERVATIVES FUND

A.

Full Name (Last, First, Middle Initial)

AMERICAN DENTAL POLITICAL ACTION COMMITTEE

Mailing Address 1111 14th Street, NW
Suite 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11C.4413

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Mailing Address 520 N NORTHWEST HIGHWAY

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing
federal political committee.

C C70004684

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11C.4420

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

AT&T INC. FEDERAL PAC (AT&T FEDERAL PAC)

Mailing Address 208 S. Akard Street
Suite 3521

City State Zip Code
Dallas TX 75202

FEC ID number of contributing
federal political committee.

C C00109017

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11C.4411

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 14

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HOUSE CONSERVATIVES FUND

A.

Full Name (Last, First, Middle Initial)
DELOITTE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 365

City State Zip Code
Washington DC 20044

FEC ID number of contributing
federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: SA11C.4399

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
INVESTMENT COMPANY INSTITUTE PAC (ICI PAC)

Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11C.4409

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

13000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HOUSE CONSERVATIVES FUND

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Caging Inc.</p> <p>Mailing Address 4850 Wright Road #168</p> <p>City Stafford State TX Zip Code 77477</p> <p>Purpose of Disbursement direct mail shipping charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4404</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="131.59"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AMS</p> <p>Mailing Address 14970 Farm Creek Drive</p> <p>City Woodbridge State VA Zip Code 22191</p> <p>Purpose of Disbursement direct mail services, postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4389</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5587.42"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mike Bober</p> <p>Mailing Address 803 7th Street, NE #4</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement political consulting/fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4403</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

15719.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HOUSE CONSERVATIVES FUND

A. Full Name (Last, First, Middle Initial) Campaign Solutions	Transaction ID: SB21B.4495 Date of Disbursement																				
Mailing Address 118 N St. Asaph Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	7		2	0	0	9												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement online fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">9.50</td> </tr> </table>	9.50																			
9.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Campaign Solutions	Transaction ID: SB21B.4496 Date of Disbursement																				
Mailing Address 118 N St. Asaph Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	0	9												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement online fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">6.00</td> </tr> </table>	6.00																			
6.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Campaign Solutions	Transaction ID: SB21B.4498 Date of Disbursement																				
Mailing Address 118 N St. Asaph Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	0	9												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement web hosting Candidate Name	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

40.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HOUSE CONSERVATIVES FUND

A. Full Name (Last, First, Middle Initial) Campaign Solutions	Transaction ID: SB21B.4499 Date of Disbursement																				
Mailing Address 118 N St. Asaph Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	0	9												
<table border="1"> <tr> <td>City Alexandria</td> <td>State VA</td> <td>Zip Code 22314</td> </tr> <tr> <td colspan="2">Purpose of Disbursement online fundraising</td> <td rowspan="2"> <div>003</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Alexandria	State VA	Zip Code 22314	Purpose of Disbursement online fundraising		<div>003</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>12.50</div>												
City Alexandria	State VA	Zip Code 22314																			
Purpose of Disbursement online fundraising		<div>003</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Campaign Solutions	Transaction ID: SB21B.4508 Date of Disbursement																				
Mailing Address 118 N St. Asaph Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	0	9												
<table border="1"> <tr> <td>City Alexandria</td> <td>State VA</td> <td>Zip Code 22314</td> </tr> <tr> <td colspan="2">Purpose of Disbursement online fundraising</td> <td rowspan="2"> <div>003</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Alexandria	State VA	Zip Code 22314	Purpose of Disbursement online fundraising		<div>003</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>9.50</div>												
City Alexandria	State VA	Zip Code 22314																			
Purpose of Disbursement online fundraising		<div>003</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) James J Kouri	Transaction ID: SB21B.4405 Date of Disbursement																				
Mailing Address 756 Greeley Avenue, #4	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	9		2	0	0	9												
<table border="1"> <tr> <td>City Fairview</td> <td>State NJ</td> <td>Zip Code 07022</td> </tr> <tr> <td colspan="2">Purpose of Disbursement internet consulting</td> <td rowspan="2"> <div>001</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Fairview	State NJ	Zip Code 07022	Purpose of Disbursement internet consulting		<div>001</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>150.00</div>												
City Fairview	State NJ	Zip Code 07022																			
Purpose of Disbursement internet consulting		<div>001</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

172.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HOUSE CONSERVATIVES FUND

A. Full Name (Last, First, Middle Initial) James J Kouri	Transaction ID: SB21B.4393 Date of Disbursement																				
Mailing Address 756 Greeley Avenue, #4	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	0	9												
City Fairview State NJ Zip Code 07022	Amount of Each Disbursement this Period																				
Purpose of Disbursement internet consulting	<table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MDI	Transaction ID: SB21B.4406 Date of Disbursement																				
Mailing Address 21955 Cascades Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	0	9												
City Dulles State VA Zip Code 20166	Amount of Each Disbursement this Period																				
Purpose of Disbursement direct mail services, postage	<table border="1"> <tr> <td colspan="10">2195.58</td> </tr> </table>	2195.58																			
2195.58																					
Candidate Name	<table border="1"> <tr> <td>003</td> </tr> </table> Category/ Type	003																			
003																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Patton Boggs LLP	Transaction ID: SB21B.4396 Date of Disbursement																				
Mailing Address 2550 M Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	0	9												
City Washington State DC Zip Code 20037	Amount of Each Disbursement this Period																				
Purpose of Disbursement legal fees	<table border="1"> <tr> <td colspan="10">1074.50</td> </tr> </table>	1074.50																			
1074.50																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3420.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HOUSE CONSERVATIVES FUND

A.

Full Name (Last, First, Middle Initial)

Sederholm Public Affairs, Inc.

Mailing Address 675 N Washington Street
Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
HCF Management/Admin Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4387

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

TCV Media

Mailing Address 390 Peters Creek Parkway

City Winston-Salem State NC Zip Code 27101

Purpose of Disbursement
website design & hosting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4394

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

1600.00

C.

Full Name (Last, First, Middle Initial)

The Oorbeek Group

Mailing Address 3140 W. Ward Road
Suite 201

City Dunkirk State MD Zip Code 20754

Purpose of Disbursement
political fundraising/consulting

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4401

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

7849.08

SUBTOTAL of Disbursements This Page (optional)

10949.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HOUSE CONSERVATIVES FUND

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank NA

Mailing Address P.O. Box 563966

City
Charlotte

State
NC

Zip Code
28256

Purpose of Disbursement
commercial bank service charges

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4422

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2009

Amount of Each Disbursement this Period

27.57

SUBTOTAL of Disbursements This Page (optional)

27.57

TOTAL This Period (last page this line number only)

30328.24